

2007 Health Summit Registration Form

October 15, 2007 Purdue University West Lafayette, IN

The Summit will be photographed and video taped. By registering, the attendee agrees that those photographs may be used for future marketing.

PERSONAL INFORMATION			
First Name			
Last Name			
Organization/Company			
Mailing Address			
City			
State Zip Code Zip Code		Phone Phone	
Email			
Please note, by registering for the Summit, y			
LUNCH INFORMATION			
Please check here if you will be attendin			
Please check here if you would like to re	quest a vegetarian meal.		
EXHIBITOR INFORMATION My organization would like to reserve an ex	hibit booth:		
☐ For Profit 10x10	\$500	□ Non-Profit 10x20	\$400
☐ For Profit 10x20	\$1,000	☐ Non-Profit Partner 10x10	No charge
□ Non-Profit 10x10	\$200	☐ Non-Profit Partner 10x20	\$200
EXHIBITOR/SPONSORSHIP			
☐ I am interested in being a sponsor. Pleas	e contact me.		
☐ I am interested in being an exhibitor. Ple	ase contact me.		
REGISTRATION INFORMATION Please select your registration type.			
Registration Type	Registration Fee by September 30, 2007	Registration Fee after September 30, 2007	
☐ Full Registration	□ \$25	□ \$35	
☐ Exhibitor/Sponsorship Information Only	☐ No charge	☐ No charge	

Please select the sessions you will be attending: Morning Keynote Session □ WORKPLACE WELLNESS PROGRAMS: DO THEY ENHANCE W

Morning Reynote Session		
□ WORKPLACE WELLNESS PROGRAMS: DO THEY ENHANCE WELLNESS?		
Select one Session for First Concurrent Session- 11:45 a.m 12:30 p.m.		
☐ THE SPIRITUAL CORE OF WELLNESS		
☐ THE WELLNESS COUNCIL OF INDIANA: A BLUEPRINT FOR SUCCESS		
☐ STRESS - IT'S THERE, YOU HAVE IT, HOW TO BEAT IT		
□ PUSHING THE ENVELOPE: LEGAL METHODS TO REDUCE HEALTHCARE COSTS (REPEAT SESSION)		
☐ PROMOTING AND COVERING SMOKING CESSATION AS A HEALTH BENEFIT: A CASE FOR EMPLOYERS		
☐ HEALTH AT THE WORKPLACE AND CONTINUITY OF CARE		
☐ PREPARING FOR THE TIDAL WAVE: THE BOOMER EFFECT IN THE WORKPLACE		
☐ ORGANIZATIONAL WELLNESS AS A TOOL TO IMPROVE EMPLOYEE HEALTHHOW TO MAKE IT MEANINGFUL FOR BUSINESS LEADERS		
□ HEALTHY EATING IN THE WORKPLACE Select one Session for Second Concurrent Session- 1:45 p.m 2:30 p.m.		
\square BEST PRACTICES IN EMPLOYEE EDUCATION		
\Box PUSHING THE ENVELOPE: LEGAL METHODS TO REDUCE HEALTHCARE COSTS (REPEAT SESSION)		
\Box INFLUENCE WOMEN'S HEALTH FORUM: RESPONSE TO THE CAMEL NO. 9 MARKETING CAMPAIGN		
\square BUILDING A WELLNESS PROGRAM FROM THE GROUND UP		
\square EMPLOYEE ASSISTANCE PROGRAMS: INVESTING IN HUMAN CAPITAL		
\square WEIGHT MANAGEMENT STRATEGIES IN THE WORKPLACE		
\square A COMPREHENSIVE HEALTH PROMOTION MODEL: BRIDGES TO HEALTH FOR WEIGHT MANAGEMENT, DIABETES AND ASTHMA		
\square BEST PRACTICES FOR HEALTH RISK ASSESSMENT PARTICIPATION		
\square ACTIVE AGING IN THE WORKPLACE		
Afternoon Keynote Session		
☐ HEALTH MANAGEMENT PROGRAMS AS A SERIOUS BUSINESS STRATEGY		
PAYMENT INFORMATION Amount \$		
Payment Type: VISA □ MasterCard □ Discover □ American Express □ Check payable to Meeting Services Unlimited □		
Account Number Credit Card Security Code Credit Card Security Code Source on the back of your card immediately following the last four digits of your account number. (American Express is 4 digits on the front of your card.)		
Expiration Date		
Name as it appears on the card		
Billing Address		
Billing City State Zip Code Zip Code		

Fax or mail this form with credit card info or mail with a check payable to:

Meeting Services Unlimited 135 South Mitthoeffer Road Indianapolis, IN 46229 Fax: 317.578.0621

Questions- call: 317.841.7171 email: info@conventionmanagers.com